

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 625

**63-048404**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10499

20499-

3

4 0

5 0

6

7 0

8 2

9776X

10

11

124-0

2-0

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED DEC 30 1963**

1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)

Joplin

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Freeman Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jasper

c. CITY

OR

TOWN

Joplin

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Michael

Middle

Lee

Last

Chasten

4. DATE

OF

DEATH

Month

Dec. 24,

Day

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

12-23-1963

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days Hours Min.

1

IF UNDER 24 HR

Months Days Hours Min.

1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

infant

10b. KIND OF BUSINESS OR INDUSTRY

infant

11. BIRTHPLACE (City and state or country)

Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Bob Chasten

13b. MOTHER'S MAIDEN NAME

Joyce Moser

14. NAME OF HUSBAND OR WIFE

none

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Bob Chasten, Route #21, Joplin, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Premature (20-24 wks.)

INTERVAL BETWEEN ONSET AND DEATH

1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-23-63 to 12-24-1963 and last saw him alive on 12-24-63.

Death occurred at 8:35 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12.26-1963

23c. NAME OF CEMETERY OR CREMATORY

Saginaw Cemetery

23d. LOCATION (City, town, or county)

Saginaw

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mason Chapel, 108 Range Line, Joplin, Mo.

25. DATE RECD. BY LOCAL REG.

12-26-1963

26. REGISTRAR'S SIGNATURE

Novie Merriam

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Lee Mason*

Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.